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January 7, 2010

FACSIMILE COVER SHEET

Page 1 of 25

TO: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	RE: Application No. 10/530,504 Filed: April 6, 2005
TELEPHONE: (571) 272-3766 Examiner: Carlos Ortiz-Rodriguez	FACSIMILE: (571) 273-8300

MESSAGE

The following documents are submitted with this Cover Sheet:

Reply to Office Action Mailed July 7, 2009
 Copy of Dictionary Definitions (1 page)
 Information Disclosure Statement
 PTO-1449 Form (1)
 Reply Transmittal

CONFIDENTIALITY NOTE:

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PLEASE CONFIRM THE SAFE RECEIPT OF THIS TRANSMISSION

Attorney's Reference: CIRTES5.D13

In re the Application of: Claude BARLIER, ET AL.

Application No.: 10/530,504

Filing Date: April 6, 2005

For: MECHANICAL COMPONENT HAVING AT LEAST ONE FLUID TRANSPORT CIRCUIT AND METHOD FOR DESIGNING SAME IN STRATA

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Reply for the above-identified application.

[X] Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has previously been established.

[X] An Information Disclosure Statement is enclosed. The fee (\$180.00) for filing an Information Disclosure Statement under 37 C.F.R. §1.17(p) can be charged to Deposit Account No. 03-2405.

[X] No additional fee for claims is required.

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL FEE	OR
TOTAL	22	MINUS 44	= 0	x 26 = \$
INDEPENDENT	1	MINUS 3	= 0	x 110 = \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			+ 195 = \$	+ 390 = \$
			TOTAL = \$	OR TOTAL = \$

[X] It is hereby petitioned for an extension of time in accordance with 37 C.F.R. §1.136(a). The appropriate fee required by 37 C.F.R. §1.17 is calculated as shown below.

Small Entity

Response filed within:

[] first - \$ 65.00
 [] second - \$245.00
 [X] third - \$555.00
 [] fourth - \$865.00

month after time period set

Other than Small Entity

Response filed within:

[] first - \$ 130.00
 [] second - \$ 490.00
 [] third - \$1,110.00
 [] fourth - \$1,730.00

month after time period set

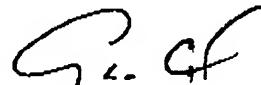
[X] Please charge my Deposit Account No. 03-2405 in the amount of \$ 555.00.

[] A check in the amount of \$ _____ is attached.

[X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-2405.

[X] Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.
 [X] Any patent application processing fees under 37 C.F.R. §1.17.

January 7, 2010
(date)


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